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# MEDICAL EXAMINER.

NEW SERIES.

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## ANTIDOTE TO CORROSIVE SUBLIMATE.

To the Editors of the Medical Examiner.

GENTLEMEN,—The October number of the American Journal of the Medical Sciences contains, under the head of Progress of the Medical Sciences, the following:—

“*Antidote to Corrosive Sublimate.*—M. Mialhe, in a note read to the Academy of Paris, August 16, states, as the results from his experiments, that the hydrated proto-sulphate of iron (a substance quite innocuous,) possesses the property of instantly decomposing corrosive sublimate. The products of the decomposition are the proto-chloride of iron, and the *bi-sulphate* of mercury, inert substances.” Page 496.

There is obviously an error here. The only precipitate procured by this preparation of iron is the peroxide. The translator has no doubt mistaken proto-sulphate for proto-sulphuret, and bisulphate for bisulphuret. The former substance (proto-sulphate) has no effect in decomposing corrosive sublimate, but the latter (proto-sulphuret) is an antidote and acts by double decomposition. The mode of preparing this new antidote may not be without interest.

Add a solution of sulphuret of potassium (*Hepar sulphuris*) to a solution of proto-sulphate of iron, (copperas,) and the black proto-sulphuret of iron is precipitated. Wash this with water, and you have the antidote ready for use. When this is added to a solution of corrosive sublimate, the reaction is such, that two equivalents of proto-sulphuret of iron, and one equivalent of bichloride of mercury, yield two equivalents of the protochloride of iron, and one equivalent of the bisulphuret of mercury, or vermilion, and not the slightest trace of mercury is found in the filtered liquid. We have thus an antidote for corrosive sublimate, as efficient as the hydrated sesquioxide of iron for arsenic.

While on this subject, I may mention that I have just witnessed another proof of the efficacy of the latter article. A child, 18 months old, ate some bread and butter, on which arsenic had been thickly spread for rats; he was at a distance from the city, and the iron was not procured for two hours after the poison had been taken. He is now recovering without a bad symptom. In this case the freshly prepared article was procured by Mr. Procter, in *eight minutes* from the time he received the order, by precipitating from a solution of the persulphate of iron by ammonia, as recommended by him in his paper published in the Journal of the College of Pharmacy, and in the Medical Examiner, for this year, No. 19, p. 295.

I am, gentlemen,

Your obedient servant,

J. M. WALLACE.

Philadelphia, October 6th, 1842.

## FOREIGN CORRESPONDENCE.

PARIS, September, 1842.

The most important occurrences that have lately taken place in Paris, likely to prove interesting to a professional reader, may be communicated in a few lines; hence I shall not occupy much of your valuable space with what may, after all, prove acceptable to only a limited number of your subscribers.

The Academy of Sciences has been for some time occupied with the question of the mode of formation of the caducous membrane. The discussion has been carried on, principally, by Messrs. Coste, Lesauvage, and Martin St. Ange. M. Lesauvage is of opinion, that at the period of conception, a quantity of fluid, sufficient to fill its cavity, is effused into the uterus, and that the caducous membrane is the result of a species of crystallization of this liquid; whilst M. Coste denies, altogether, the existence of the fluid, at the period when the membrane is formed, and attributes its origin to other causes, to be indicated by him at a future period. And again, in the matter of the circulation, Lesauvage admits that vessels, independent of those of the womb, are formed in the membrane itself; whilst Coste thinks that the preparations which he has exhibited to the Academy, go to prove conclusively, that the vessels seen in the caducous membrane are only prolongations of those belonging to the uterus. M. Martin St. Ange promises soon to give the result of the experiments in which he has been for a long time engaged, with the view of elucidating this interesting subject, and in the mean time requests a suspension of the discussion.

At the Royal Academy of Medicine, two elections have lately taken place. The fortunate candidates are MM. Jules Guérin, and Poiseuille.

A proposition was made to the Academy, a short time since, by the celebrated Louis, to recommend to the Government the appointment of a certain number of travelling Physicians, whose duty should be to make annual excursions into the different countries of Europe and America, occasionally extending them to Asia and Africa, for the purpose of studying on the spot such diseases as may be endemic in those countries; ascertaining the various methods of treatment pursued by the native physicians, and reporting, at convenient periods, the results of their investigations. The plan has, as yet, only been proposed to the Academy, and a committee appointed to report on its feasibility; the great popularity and influence of M. Louis are sufficient, however, to outweigh any objections that may be made by the gentlemen constituting the committee, and hence there is little doubt but that the recommendation will be made to Government, in which case it will undoubtedly be approved, and appropriations made to meet the necessary expenses of the undertaking.



Another operation of Cesarean Section has been lately performed in the Capital, by one of the most distinguished Surgeon-Accoucheurs of the day ; the case was one extremely favourable for a successful termination, and the operation was well performed, and at a proper period. The issue, however, was unfortunate for the mother, who died of consecutive peritonitis on the eighth day after the operation. The infant survived, and was well six weeks after being removed.

An angry correspondence has just taken place between Monsieur Ganai, the celebrated embalmer, and Doctor Pasquier, surgeon to the late Duke of Orleans, relative to the manner in which the body of the Duke was embalmed. I gather from the letters which have been sent me by the parties, that the dispute arose in consequence of the refusal of Dr. Pasquier to employ M. Gannal to perform the operation, preferring to do it himself, after the old method, with corrosive sublimate, spices, etc., which he styles Egyptian, and which he considers better than the modern process of M. Gannal. As is usual in such cases, the terms *Charlatan*, *Voleur*, etc. etc., are of frequent occurrence, in the correspondence alluded to, and the principal object of both parties seems to be to gain notoriety.

Death has been busy of late amongst the savans of our profession. Monsieur Double, quite a distinguished physician, and known favourably for his devotion to his profession, which led him, some two years since, to refuse a Peerage, which was offered to him on the condition of his relinquishing the practice of medicine, was the first of four of his contemporaries to be called to his last account. His death was occasioned by pulmonary apoplexy, and hastened by his obstinacy in refusing to call in medical advice ; continuing to treat himself for another disease, until the last two or three days, when his friends positively insisted on the attendance of M. Andral. M. Double was not an author of any note, but in the enjoyment of a large and lucrative practice, and closely allied with many of the most distinguished characters of the day. It was at the house of Marshal Soult, and whilst seated in the garden, between the Marshal and his lady, that he experienced the first attack of the disease which terminated in his death.

Monsieur Edwards, the distinguished zoologist, and member of the two Academies of Sciences and Medicine, died at Versailles, within a week or two after the death of Dr. Double.

The celebrated chemist, Pelletier, a professor in the Paris School of Pharmacy, and likewise member of the leading Academies of Paris, died on the 22d July, much regretted by all who knew him. It was to him, in conjunction with Caventou, that the profession, and community at large, owed a lasting debt of gratitude, for his experiments on the vegetable alkalies and the discovery of quinine.

The immortal Larrey was the last to feel the stroke of the dread leveller. He died at Lyons, on the 25th of July, on his return from Algiers, where he had been sent by the minister of war, to make a medical inspection of the

army. Fortunately, his son had accompanied him, and was present to render the last services to his distinguished father. The body was transported to Paris, and interred at Père La Chaise, where the city had gratuitously furnished a vault for its reception, with considerable pomp and ceremony. Eloquent eulogies were pronounced over the tomb, by BRESCHET, in the name of the Institute; PARISSET, its perpetual Secretary, for the Royal Academy of Medicine; MICHAEL LEVY, in the name of the Professors of the military school and hospital of Val-de-Grace; BAUDENS, in that of the French Army, and GUYON, for the Army of Africa. Military honours followed; and the scene closed over the great Surgeon of the Armies of the Empire, one of the most devoted followers and friends of Buonaparte. It would require too much space, to trace here a biographical notice of this Chief of Military Surgeons. His life was so eventful a one, that many pages would be required for that purpose. He has left works behind him, however, which must always survive, and the name of Larrey will go down to posterity coupled with that of his friend and benefactor, the great Emperor.

After a most brilliant concours, an election has been made to the Chair of Clinical Surgery, in the Faculty of Medicine, vacated by the death of Sanson the elder. There were eleven candidates for the professorship, and all of them men of merit—some of distinction—so that it is no small eulogy on the one selected,—Bérard, the younger,—to say that amongst his competitors were Malgaigne, Vidal de Cassis, Laugier, and Robert. Each candidate acquitted himself in a manner highly satisfactory to the Judges and to the public, who assisted at the different examinations, and it was thought to be a difficult task for the committee to make their selection. Their unanimity, however, shows that they estimated at their proper value the talents of the gentleman on whom their choice fell, and his peculiar qualifications for a lecturer. Great applause followed the announcement of the success of M. Bérard, in the Royal Academy of Medicine, of which he is one of the most popular members. The vote stood—

For Bérard,	-	-	-	-	-	8
Vidal de Cassis,	-	-	-	-	-	2
Laugier,	-	-	-	-	-	1
Robert,	-	-	-	-	-	1

There has been for the last three months, an epidemic typhoid fever, prevalent at Paris, which although mild in its nature, and rarely proving fatal, was very general, and often tedious in its course. It was attributed to the uncommon heat and dryness of the season, and has been on the decline, since the occurrence of a change in the weather.

F. C. S.



## THE MEDICAL EXAMINER.

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PHILADELPHIA, OCTOBER 8, 1842.  
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We have received a communication from Dr. Clymer, in explanation of the mistake, committed by him in his paper on amputations, with reference to Dr. Hayward and the Massachusetts General Hospital. Dr. Clymer, we learn, took his data from an analysis of the combined results of the Massachusetts General Hospital and the Pennsylvania Hospital, which appeared in the Medical Examiner, Vol. 3d, p. 298, and, by mistake, he gave these combined results, in place of those of the Massachusetts Hospital alone. Dr. Hayward's report, correctly stated, was 67 amputations, of whom 15 died, and not 70, the number given by Dr. Hayward in the extract from his note which we published last week.

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LIGATURE OF THE PRIMITIVE ILIAC ARTERY.

The primitive iliac has been lately tied with entire success, at the Pennsylvania Hospital, by Dr. EDWARD PEACE. We are enabled to present our readers with the following particulars of the case.

Israel Jones, a labourer, was admitted into the surgical wards of the Pennsylvania Hospital on the 22d of August, 1842, for an inguinal aneurism of five months standing. Five months previous to his entrance he strained his right groin, while lifting a heavy stone. A few days subsequently a hard tumour, about the size of a pea, made its appearance, which became as large as a walnut in the course of a month, and continued to increase until the end of the fourth month, when it attained its maximum growth. There was pulsation about the third or fourth week. About the beginning of the fourth month numbness and pain commenced in the tumour, and extended along the anterior portion of the thigh. The latter symptoms were always aggravated by exercise, and abated by rest. The man continued his daily occupations until three weeks previous to his entering the Hospital, when his sufferings became so great as to oblige him to desist. The pain at this period was so acute as to deprive him of sleep, and obliged him to maintain night and day a sitting posture, with his leg flexed on the thigh, and this on the pelvis; the whole limb resting on its exterior aspect. The tumour was large and irregular, hemispheroidal, and was, at least, two inches in height, its vertical diameter five and a half inches, and the transverse diameter about the same. It appeared to involve nearly all the right external iliac, together with some two inches of the femoral artery of the right side.

The man was an excellent subject, in the prime of life, robust, temperate, and uniformly healthy.

The operation was performed on the morning of the 29th of August, by Dr. E. PEACE, assisted by his colleagues, Drs. RANDOLPH and NORRIS, and Dr. J. RHEA BARTON, and occupied forty-seven minutes. It was performed in the following manner:—A semi-elliptical incision was made, commencing over the anterior spinous process of the ileum nearly on a level with the umbilicus, and directed obliquely downwards to within half an inch of the external abdominal ring, and nearly parallel to Poupart's ligament. The incision was seven inches in length. The integument, the fascia of the external oblique, the external oblique, and the fascia of the internal oblique, were divided with the bistoury. The transversalis and internal oblique muscles were now exposed, and with the aponeurosis were divided on a director. The peritoneum was then separated with some difficulty, and the vessel brought into view.

The vessel was taken up about half an inch above the bifurcation, the ligature being passed around it very readily by means of Gibson's needle. Pulsation and pain ceased in the tumour the moment it was tied.

Numbness of the limb and foot, and insensibility, particularly of the toes, supervened immediately. Numbness continued to some degree, with occasional intervals, throughout the first two weeks. Sensibility gradually increased until the third day, when it was entirely restored, even in the toes. The limb below the knee became sensibly cold within an hour after the operation. It was immediately enveloped in carded wool, and recovered its natural temperature, as far down as the ankle, within the first twelve hours. At the end of twenty-four hours warmth had returned in the foot—the toes only remaining below the proper standard of heat. As the heat returned in the limb it augmented, so as to make it really warmer than the sound one, which continued to be the case during the first two weeks.

The capillary circulation in the toes continued sluggish until the sixth day, when it appeared to be entirely restored to activity. The man experienced slight pain, with the numbness, from time to time in the affected limb, but did not suffer materially until about the middle of the second week. At this time he complained of severe pain, beginning at the toes and darting up into the tumour. This pain was relieved by the application to the tumour of lint wet with laudanum. The tumour, which had previously been rather soft, at this time became much more dense, and decidedly smaller.

No other symptom worthy of especial note presented itself, except some tumefaction of the leg, which occurred on the fifteenth day and subsided in two days.

The wound was dressed on the fourth day, and every day thereafter. The discharge was always healthy and very moderate. The man's appetite excellent, and general health improved. One-half of the wound united by the first intention; and the whole wound, except the sinus occupied by the ligature, had cicatrised within the first two weeks.



The ligature came away on September 27th, the *thirty-fifth day*. The patient is now allowed to sit up, and is doing extremely well.

The man experienced great relief from the numbness and pain, in repeated friction of the whole limb, (and especially the foot, which suffered the most in this way,) with soap liniment.

This, we believe, is the ninth time the primitive iliac has been tied. It was first tied in 1812, by Professor Gibson, of the University of Pennsylvania, for a gun-shot wound. The patient died from peritoneal inflammation on the thirteenth day. 2. By Professor Mott, in 1827. The ligature came away on the eighteenth day, and the patient recovered. 3. By Sir Phillip Crampton, in 1828. Death on the fourth day from hemorrhage. 4. By Mr. Liston, in 1829, for secondary hemorrhage after amputation. The patient, who was 8 years old, died. 5. It was tied in 1833, by Mr. Guthrie, for supposed gluteal aneurism. The operation was successful. The patient died eight months subsequently, and the disease proved to be a medullary tumour. 6. In 1837, Mr. Salomon, of St. Petersburg, tied the primitive iliac with success. 7. Mr. Syme, of Edinburgh, performed this operation in 1838. The patient died on the fourth day. 8. By M. De-guise, at the hospital of Charenton, Paris, in 1840. Successful.

NOTE.—Dr. Reeve, the Editor of the American Edition of Cooper's Surgical Dictionary, states that the primitive iliac was tied about six or seven years ago by Professor Bushe, in a child two months old, for congenital aneurism of one of the labia. Death occurred from abscess of the knee-joint in a few weeks.

M. C.

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## ANALECTA.

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*Treatment of Asphyxia by Flagellation.*—Dr. T. O. WARD reports the following interesting case in the London Medical Gazette of August 19th. We have seen flagellation very successfully used in rousing the vital powers in cases of poisoning from opium.

On Good Friday, 1840, a very bleak day, I was called into a cottage to see a child that had just been taken out of a mill-stream, in which it had been partly immersed and partly floating for some minutes. I found it cold, insensible, swollen, and moaning at each breath, which was drawn at long intervals. I immediately ordered it to be put into a tub of hot water, before the fire; but the tub was so small, that the women were obliged to pour and dash the warm water over the body while others rubbed it. Finding this of no use, but that the pulse became almost imperceptible, the belly more tumid, and the body colder, I had the child removed from the bath, wrapped in hot blankets, and well rubbed. This produced amendment for a moment only, when seeing a birch rod hanging up, I took a few twigs, and began to whip the child. Instantly the limbs contracted from the pain, the cry was more distinct, the pulse rose, the belly subsided, and warmth was restored.

The frictions were now resumed, and a little hot brandy and water was given, but with slight effect; for the body again became cold, the pulse fell, the abdomen swelled, and life seemed fast ebbing away, when I again had recourse to the scourging, with the same effect as before. Now, in addition to the frictions over the chest, abdomen, and limbs, I applied a mustard plaster to the spine, and gave more brandy and water, but all in vain: I was continually obliged to return to the use of the rod. Presently the parish surgeon came, and we agreed, while waiting for a galvanic machine for which I had sent, to apply boiling water in a bladder to the chest, mustard baths to the feet, and ammonia, which he had brought with him, to the nose. The effect of the boiling water was dreadful to witness. The poor child instantly opened its eyes with a horrid stare, which it continued as long as the application lasted, uttering wailing cries at the same time, and becoming much more roused than before; but when we had removed the hot water, the unfavourable symptoms returned even worse than previously, and we could not recur to this remedy for fear of the consequences. Soon afterwards the galvanic apparatus arrived, and shocks and currents, gradually increased in power, were passed through the chest and diaphragm, but without more permanent effect than any other of the remedies used, except the scourging, which I had continued at intervals all along. I now trusted to this and to the rubbing alone; and in about two hours from my first seeing the child, I had the satisfaction of putting it into bed to its mother (whom I had directed to go to bed, for the purpose of keeping it warm,) with every prospect of its speedy complete recovery.

When I saw it the next morning, I could not recognize in the delicate child before me the turgid features of the day before; and, what is rather remarkable, the only mark of the boiling water was a slight roughness of the cuticle of the chest; nor was the skin marked with weals from the use of the rod. I attribute the long duration of the asphyxia to a bronchial affection under which the child laboured at the time of the accident, but which was little aggravated by it.

The exhalation and reabsorption of the intestinal gases, under the diminution and return of nervous energy, in this case, seem to deserve notice, as affording a satisfactory explanation of the source of the tympanitis that attends many diseases affecting the nervous system in general—as hysteria, &c.; or the nerves of the abdomen—as peritonitis and typhus, though in this last disease we may consider the meteorism to have a general as well as a local cause. A late traveller in Norway, whose name I forget, asserts that the Norwegians, in their journeys over the half-frozen rivers, make use of this circumstance to release their horses when they fall through holes in the ice, by throwing a noose over their necks, which they pull tight, till the horse, beginning to be strangled, has its abdomen so much swelled with gas as to float on its back, and is thus easily drawn out of the water over the edge of the ice.

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*New Splint.* By J. NOTTINGHAM, Surgeon.—In this splint the part resembling Mr. Liston's is somewhat modified. It has no screw under the hinge which joins the leg and thigh-pieces, each of which, instead of being kept along with the other at any particular angle by the said screw, is supported on a forked iron rod, attached to it by a hinge-joint underneath; its other extremity being so arranged as to slide in an horizontal groove formed



on each side of the support, or frame of the splint, which rests on the bed. This sliding motion is arrested at any point along the frame, by a screw which is attached to the foot of either support, and so the splint at the angle required rendered firm in any position upon its frame.

The sides of the frame are covered with plates of brass, which facilitate the motions required; and at the fore part, corresponding to the situation of the foot, the splint and frame are so articulated as to prevent any lateral motion of the former upon the latter; but this juncture can be separated if required, and the whole length of the conjoined portions of the splint raised to any convenient angle with the frame, thus allowing the limb to be placed in that position which is frequently chosen for the treatment of fractured patella; or the conjoined portions may be laid flat upon the frame, so as to afford a perfect apparatus for the treatment of fracture in the extended position.

An additional thigh-piece slides under the upper or posterior portion of the instrument, and may be drawn out so as to lengthen it, and then fixed by the accompanying screw. For this extremity, also, additional lateral pieces are contrived, external and internal, and each fixed, as circumstances may require, by two screws. These will occasionally be wanted during the treatment in the straight position; the outside one to pass beyond the crista of the ilium, the other to go towards the upper and inner part of the thigh. The foot board may be gently drawn downwards, or pushed upwards, by the screw attached to it, which is seen projecting from the extremity of the instrument. By this means the position of the foot may be regulated, and any requisite extension easily and securely obtained.

The fundamental part of the contrivance for protecting the heel is the same as in Mr. Liston's splint; but the leather sock belonging to it affords an additional facility for raising the foot from the iron part of the apparatus, and thus, as it were, slinging it more safely. The rectangular frame of wood, without being heavy, is of such shape and extent as to rest securely on the bed; and its steadiness is further increased by transverse bars of iron at either end, which fold up when not wanted, so as to take nothing from the portability of the instrument, allowing it to be packed in a case of moderate size.

There is a long pillow for the splint, a body girth, and padded strap for the groin, rendering the appendages complete.

The advantages which this apparatus possesses over others previously employed are too obvious to require any particular notice at present.

It serves at once the purposes of a double-inclined plane, and of a straight splint.

It admits of being employed for raising and supporting the leg and thigh, in the treatment of fractured patella.

It combines the advantages of several splints of different sizes.

It affords a more complete protection to the heel than any splint hitherto employed.

It supplies a means of producing extension in cases of fracture, where this may be required, in a most safe and gradual manner, and withal has less the aspect of a complicated apparatus than many contrivances hitherto in use.

It should have been remarked above, that the splint is connected with its frame at the upper extremity, by a common brass hinge. The forked iron rod before mentioned has one branch of its divisions corresponding to each side of the frame of the splint, each branch carrying its screws along with it.—*Lond. Med. Gaz.* Aug. 19, 1842.

*Employment of the Ergot of Rye in Cases of Paraphlegia.* By M. PAYAN, of Aix.—M. Payan begins by stating that he has recently sought to demonstrate that it was wrong to consider ergot of rye as a simple excitor of uterine contractility; that facts prove that the ergot acts on the rectum, the bladder, and the inferior extremities, when these parts are in certain asthenic conditions, in the same manner as on the womb in cases of uterine inertia; and that, not being able to attribute rationally to this agent specific effects on parts of the body essentially different, he was obliged to seek for its action still further, and to refer it to some organ holding still under its influence these different parts. M. Payan has discovered that it is on the spinal marrow that the ergot exercises a special and primitive action.

This fact being established, it became evident that we ought to recur to the use of the ergot in paraphlegias and debility of the inferior extremities, proceeding from causes which have suspended or weakened the action of the spinal marrow, without having altered its texture.

M. Payan adds the three following facts to those which he has already published, and which demonstrate the justice of his views:

1. A man of 40 years, fell on the perineum, and paraphlegia was the consequence. The patient, treated at Marseilles, was completely cured. Some time after, in a journey which he made to Aix, he again experienced the same symptoms, and entered the Hotel Dieu of that city. In the absence of M. Payan opiate liniments, blisters, &c., were unsuccessfully used against the paraphlegia. The case then came under M. Payan's care, who substituted for these means one gramme\* of the ergot to be taken once. Twelve hours after the paralyzed limb became agitated frequently by muscular starts, and he daily recovered strength. At the end of six days the patient could walk with the aid of a single crutch. During a fortnight the ergot was administered in the dose of two grammes. A month after, the treatment having been suspended on the fifteenth day, on account of the appearance of some slight gastric derangement, the amelioration persisted, but the patient left the hospital.

2. A man of 30, attacked with a complete paraphlegia, committed himself to the care of M. Payan. A number of energetic measures had already been tried. This was his state when he was submitted to the observation of this skilful physician.

The two lower limbs support well enough the weight of the body; but he finds it impossible to walk any time without sitting down; unless he does so he infallibly falls. The right lower extremity is strong enough, but insensible; the other limb is sensible, but a little atrophied. The bladder has lost a part of its contractility.

A gramme of the ergot was administered every morning. At the end of a few days the dose was increased to two grammes. At the same time frictions with a stimulating liniment were made along the spine. After eighteen days the two lower extremities had become strong, and the patient could return into his country.

3. A workman, having endured a very severe paraphlegia, the consequence of a bad attack from lead; different means had failed to relieve the malady; the ergot completely triumphed over it.

From these three cases M. Payan not only infers the efficacy, but, more-

\*Equivalent to 15 grs. English.



over, the complete innocence of this medicine, which has been ordered for six weeks without any accident, which this year has been given for forty consecutive days, in doses of forty to eighty centi-grammes, to a young girl five years old, without her being the least injured by it.—*Dub. Journ. of Med. Sci., from Journ. de Pharm.*

*Iodine for the Dropsy after Scarlet Fever.*—Mr. Copeman, of Coltishall, writes in the Medical Gazette, in reference to dropsy after scarlet fever:—

“From having observed its power of strengthening the constitution, with, at the same time, a tendency to prevent inflammation and to increase absorption, I was induced to make a trial of iodine. I prescribed it in the form of solution recommended by Lugol, viz.: R. Iodin. ℥j.; Iodid. Potass. ℥ij.; Aquæ ℥vij. M. ft. Solutio Iodin. concentr.

Of this solution I ordered from 5 to 10 drops for children, and from 10 to 20 or 25 to adults, three times a day in water. In the first case in which it was used it rapidly effected a cure: in consequence of which I prescribed it in every succeeding case that presented itself, and with the same complete success.”

*The Employment of Strychnia in Amaurosis.*—A labouring boy, 12 years old, received a blow in the right supra-orbital region, by the falling of a pewter vessel which he was endeavouring to remove from a high shelf. At the moment of receiving the blow he perceived a flash of light in the eye, but could see nothing with it afterwards. In three hours he came under the care of Dr. Dusterberg, of Lippstadt. Immediately above the right eyelid was visible a small blue spot, of the size of a horse-bean. In the eyeball itself nothing abnormal could be detected; no trace of opacity or extravasation of blood. The pupil acted naturally, as in the sound organ, but the power of vision was entirely lost in the right eye; so that he was unconscious when it was directed towards the full glare of the sun. He was treated for two months with bleeding, cold applications, mercurial frictions, blisters, drastics, emetics, electricity, and even the frontal nerve was divided; but all in vain: the amaurosis did not in any degree yield. Subsequently a solution of a grain of nitrate of strychnia in half an ounce of rectified spirit of wine was dropped into the eye four or five times daily: the result of which was, that, in fourteen days, sensations of light were experienced in the affected eye, which, under the continued use of the remedy, increased so that he was enabled to distinguish coloured objects. After a period of three months, the power of vision had so far returned that he could recognize bodies at a distance of three feet. At this point the improvement stopped, notwithstanding that the dose of the strychnia was increased, and its endermic application had recourse to. The case, however, may fairly be adduced to show the beneficial influence of strychnia on torpid amaurosis.—*Lond. Med. Gaz. Aug. 5, 1842, from Schmidt's Jahrbücher.*

*The Independence of the Fœtal Circulation.*—There is a memoir on this subject by Dr. Villeneuve, professor in the School of Medicine at Marseilles,

which rather confirms the already received opinions on this subject than proposes anything new. The conclusions he arrives at are chiefly these:—1. There is no anastomotic communication between the foetal and maternal circulation in the human being, as in the generality of quadrupeds. This absence of communication is proved by the existence of an elementary apparatus for circulation in the embryo, before the formation of the placenta; by the plethoric condition in which the foetus is often found in cases where the mother has suffered severely from uterine hæmorrhage, as in placenta prævia when the placenta has not been injured, and by the continuance of the placento-foetal circulation without hæmorrhage in an ovum expelled entire. 2. The death of the foetus is only due to the want of oxygenation of the blood, and may therefore be prevented by accelerating delivery. It is never due to anemia, except when the umbilical vessels of the placenta are torn. 3. The death of the mother may be occasioned by the separation of a small portion of the placenta, which proves it to be rather owing to venous than arterial hæmorrhage, inasmuch as the utero-placental veins have numerous communications with one another, both in the placenta and in the uterus, whereas the arteries present few if any anastomoses. 4. Ergot of rye is injurious both to mother and child in hæmorrhage from placenta prævia, because it determines the constriction of the uterus as much or more at the lower part than at the upper, without producing dilatation of the external orifice, and by the contractions which it excites it expels from the uterus the blood which the mother has need to preserve. 5. The plug, if employed at the proper period, is the best treatment for such cases. It determines more certainly than ergot the proper contraction of the uterus. If applied too late, it is ineffectual in controlling the hæmorrhage. 6. It is very bad practice to pass the hand through the placenta in the endeavour to effect the artificial delivery of the child. It is always easy to separate the placenta at the point from which the hæmorrhage proceeds. By the former method the death of the child is most decidedly accelerated, in consequence of the rupture of the umbilical vessels. 7. We may hope to find the child alive, even after the death of the mother, especially in cases where severe hæmorrhage has quickly proved fatal to her. Hence the obligation to practise the Cæsarean operation on women who die during labour.—*London Med. Gaz.* Aug. 26, 1842. *From Gazette Médicale.*

*Disease of the Nasal Fossæ.*—This is a case related by Dr. Münchmeyer, of Limeburg. A man, aged 71, suffered at the end of last winter from a severe cold, which subsided under proper treatment. On the 6th of April he was attacked with pain about the left side of the forehead, extending to the left side of the face and the left ear; it was very severe, and deprived him of rest. The left nostril was dry, but nothing abnormal could be seen in it. The left eye was pushed forward, and had an amaurotic appearance, but the sight remained. Various topical remedies to relieve congestion were employed, in spite of which the disease rapidly progressed. The pain increased, the eye was projected beneath the orbit, vision became impaired, and paralysis of the upper eyelid took place. At the same time a small firm swelling appeared at the inner canthus, and acquired the size of a pea. Several severe hæmorrhages occurred from the nose, which reduced the patient to an extreme degree of weakness, and he died May 17, without having experienced any cerebral symptoms.



On examination of the head, a pretty considerable layer of gelatinous substance was found upon the surface of the brain; but it does not seem clear that this had any connection with the other disease. In the left upper nasal cavities was found a growth, resembling in texture a fleshy, very firm polypus, which was situated beneath the cerebriiform plate and in the sinuses of the left ethmoid bone, being principally confined to this situation, but constituting also the projection at the inner canthus. The posterior ethmoidal cells and the sphenoidal sinuses were enlarged, and filled with a mass resembling in consistence and appearance thick pus. The mucous membrane lining these cavities was destroyed, and the inner surface of the bone carious to a considerable extent. There had been no escape of the matter towards the interior of the cranium, but it appeared to have gained a partial exit into the nostrils.

The author remarks that, although morbid growths in these cavities are by no means rare, such expansion of the sphenoidal sinuses with destruction of their sinuses are very seldom found. He states that he had been unable to find a similar case recorded in the works of several authors to which he has referred.—*Ibid*, from *Oppenheim's Zeitschrift für die gesammte Medicin*.

*Conversion of Nerves into Fat.*—The body of a male subject, aged 30, was brought for dissection into the anatomical school at Marburg. The whole body was dropsical, and the left leg, from the foot to above the knee-joint, firmly swollen. On the dorsum of the foot were ulcers, from which sinuses could be traced into the tarsal joint. Dissection showed the cellular tissue of the limb infiltrated with plastic lymph, which in the neighbourhood of the ankle had a fatty, and higher up in the limb a fibrous appearance. On account of the carious condition of the joint, as well as the firm nature of this deposit, which was situated between the skin and fascia, and also, beneath the latter, between the muscles, the movements of the lower part of the limb had evidently been suspended for a considerable time. The muscles were pale and flabby, but in other respects not altered in structure. The larger trunks of the nerves in the upper part of the limb were quite normal, but as they approached the affected part they became thickened, and appeared as if composed of mere fat. Portions of the saphenus, and other large branches of the ischiatic, so far as they could be separated from the degenerated mass, with which their sheaths became more and more amalgamated the lower they were traced, were dissected and examined under the microscope; when it was found that an extraordinary quantity of fat had been deposited within the sheath and between the fibres of the nerve, which increased in irregular gradations as it was traced downwards, till it constituted the whole structure of the nerve. The fat globules appeared to be arranged concentrically on the inner surface of the sheath, and by a stronger magnifying power the primitive fibres could, at the upper part, be distinctly seen running in the centre of the fatty deposit. They gradually disappeared lower down, till at length no trace of them could be found, the fat globules having entirely taken the place of the primitive nervous fibres.—*Ibid*, from *Müller's Archiv*.

*Preparation of Cyanide of Potassium.* By M. LIEBIG.—One of the best methods of preparing the cyanide of potassium, consists, as is known, in the decomposition of the ferro-cyanide of potassium at a red heat; but several

objections attach to this process, one of which is that a loss takes place of a third of the cyanogen contained in the salt employed. This salt, formed of two atoms of cyanide of potassium, and one atom of cyanide of iron, undergoes no change from a red heat in the first member of the combination; but the second is decomposed into carburet of iron, with disengagement of nitrogen. The carburet of iron which is formed absorbs the fused cyanide of potassium like a sponge, and we are obliged to have recourse to solvents, and alcohol in particular, to obtain the resulting cyanide of potassium without iron and without loss.

But as cyanide of potassium possesses properties which are found to be extremely valuable in effecting reduction and separation in chemical analyses, I have endeavoured to simplify its preparation.

If eight parts of ferro-cyanide of potassium be well dried by a slight calcination, on a hot iron plate; if this be afterwards well mixed, in fine powder, with three parts of dry carbonate of potash, and the mixture thrown at once into a Hessian crucible, previously raised to a dull red heat, and this temperature maintained, the mixture will first melt into a brown magma, with rapid disengagement of gas; in a few minutes afterwards, when the fluid mass has been heated to redness, the dark colour will be seen to become brighter, and by continuing the fusion the contents of the crucible will become of a clear amber yellow. If a warm glass rod be introduced from time to time, the portion which adheres to it, when withdrawn and allowed to solidify, will at first be of a brown colour; it will afterwards become yellow; and, lastly, at the end of the operation, the liquid which adheres to the glass rod will be clear and colourless like water, and will set into a crystalline mass of a brilliant white.

During the fusion, there will be seen floating in the fluid mass some brown flakes, which ultimately unite in the form of a sponge, and assume a clear gray colour. If the crucible be now taken from the fire, and allowed slightly to cool, it generally happens that this gray powder settles entirely to the bottom; the deposition may be facilitated by agitating it once or twice with the glass rod. The hot and melted mass which swims on the surface may now be easily decanted into a warm porcelain capsule, without the least portion of the powder, which has settled to the bottom, passing with it.

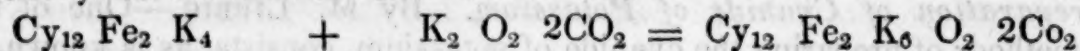
The mass, thus separated from the iron by decantation, will contain two combinations. It will principally consist of cyanide of potassium; the other combination will be cyanate of potash. These two will be found in the proportion of five atoms of cyanide of potassium to one of cyanate of potash.

The following changes take place during the fusion of ferro-cyanide of potassium with carbonate of potash:—

In the commencement of the fusion, the cyanide of iron of the ferro-cyanide of potassium is decomposed with the potash of the carbonate of potash into cyanide of potassium and carbonate of protoxide of iron, from which latter the cyanide of potassium, at a higher temperature, takes the whole of the oxygen. In consequence of this reduction there will be obtained cyanate of potash and pure metallic iron.

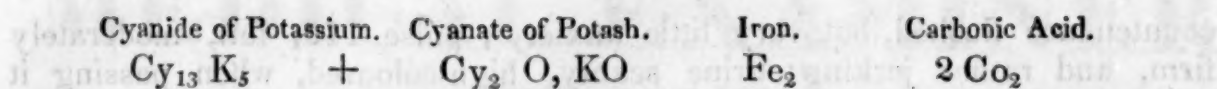
If we suppose the mixture to contain two atoms of ferro-cyanide of potassium, and two atoms of carbonate of potash, it will be represented by the following formula:—

Ferro-cyanide of Potassium. Carbonate of Potash.



And after the fusion we shall have—





We obtain from two atoms of ferro-cyanide of potassium, five atoms of cyanide of potassium; consequently one-fourth more than by the fusion of that salt alone at a red heat. The cyanate of potash, with which it will be mixed, will not interfere with any of its uses; its presence will be easily detected by saturating the cyanide of potassium with an acid: it will give rise, in fact, to an effervescence caused by the disengagement of carbonic acid, and there will be found in the solution an ammoniacal salt.

The explanation of the formation of cyanide of potassium under the conditions indicated is not quite clear, because the carbonate of protoxide of iron which is formed, is decomposed before the reduction of the iron and separation of carbonic acid into carbonic oxide and ferroso-ferric oxide; and it is at the expense of these that an indeterminate quantity (at the most that which is indicated in the preceding formula) of cyanate of potash is formed.

The remaining metallic iron, as well as the sides of the crucible, are covered with cyanide of potassium; the best way to recover this, is to dissolve it in hot water, and to heat the solution with a small quantity of sulphuret of iron, which will readily dissolve. The cyanide of potassium may be obtained from this solution by evaporation, in the state of ferro-cyanide; sulphuret of potassium will remain in the mother-water.—*Pharm. Journ.*, from *Ann. der Chemie und Pharm.*

**Peritonitis from Perforation of the Appendix Vermiformis.**—T. Kennell, æt. 18, entered the University College Hospital, June 21, 1842, under the care of Dr. Taylor. He is of the ordinary conformation and florid complexion; he is a shoemaker, and single: always had enough to eat, and always lived regularly and temperately; never been intoxicated; resides in a dry but confined situation; parents dead, does not know of what they died. He generally enjoys good health, and thinks he has an excellent constitution. About eight years ago, he states that he had an inflammation of the left chest accompanied with pleurisy. He does not recollect coughing or spitting at the time; he had shortness of breath, severe short pain below the ribs, and not above the margin of the lower ribs. He was bled, leeches, and blistered; has had no complaint since. The present attack commenced on Sunday, June 19, at 3 A. M., suddenly, with severe sharp pain all the over the abdomen, with sickness, vomiting, and some diarrhoea; no rigor or feverishness preceded the pain, which has continued to increase until the present time; it is constant and unremitting, but increased at times, and upon motion, taking a deep breath, and upon pressure, but not by pinching; it extends all over the abdomen, but is worse on the right side of it and in the hypogastrium; the sickness and vomiting are much better than they were at first; the matter vomited is of a deep green colour. He has shortness of breath on account of the pain in the abdomen; his breathing is entirely costal. His bowels have not been open since Friday until this morning, when they were opened freely; the motion was of a white colour, and very watery. Yesterday he took ninepenny-worth of castor oil, four doses of a mixture, a powder and two pills, and applied sixteen leeches to the abdomen last night. The leeches did not afford him any relief. Tongue moist, covered with a light, brown fur; papillæ at the apex more distinct than usual; great thirst; skin hot;

countenance flushed, but very little anxiety; pulse 116, full, moderately firm, and rather jerking; urine scanty, high-coloured, when passing it causes pain in the abdomen. He lies on his back with his knees drawn up. The abdomen seems moderately distended, and yields a tympanitic sound on slight percussion; heart's impulse a little strong, no murmurs. He has not eaten or drunk anything but his usual diet, and has followed his employment as usual. He was ordered to be bled to eighteen ounces, to have three grains of calomel every three hours, and to have the abdomen fomented with turpentine.

June 22. Dr. Quain saw him at eight yesterday evening, when he felt somewhat better. He was ordered an injection, consisting of two ounces of starch with forty drops of tincture of opium; this gave him great pain. His bowels were opened several times before the injection, but have not been since. Dr. Quain saw him again at six this morning: his pulse was 160; abdomen more full, and felt doughy and firm. Ordered beef-tea. He did not sleep above ten minutes in the night; felt more pain in the night than previously, and was very feverish. This morning, at ten, he has not much pain: still lies on his back, with his legs drawn up; somewhat restless; countenance anxious; great thirst; vomits frequently a matter of brown color, having no odour; extremities cold; general surface of body cadaverous. Died at twenty minutes to twelve to-day.

*After-death Appearances.*

The body was examined twenty-four hours after death. Abdomen much distended, and tympanitic. On cutting into the peritoneum some turbid, foetid serum escaped; there was pus mixed with the serum. The peritoneum redder on the right side than the left. The scum in the neighbourhood of the gall-bladder yellow. Intestines matted together by recent adhesion, and much distended. The peritoneum adherent to the gall-bladder. The redness ceases where the intestines are agglutinated, but passes over; mesentery much thickened and softened; stomach marbled at the pyloric orifice with black colouring matter, much reddened at the cul de sac; mucous membrane not softened. In the large intestines the solitary glands are very distinct and elevated; but in the small intestines, they and Peyer's glands were scarcely visible. The vermiform appendix dark coloured, with thickened coats. Two perforations with rounded edges were seen. Mucous membrane throughout inflamed, and riddled with ulcerations; the exterior was also much inflamed. A gritty brown substance, about the size of a bean, was found in it. On a section a nucleus was found, the matter surrounding the nucleus appeared to be faecal.

*Chest.*—The whole of the left lung was found adherent to the walls of the chest by firm old adhesions; about two ounces of bloody serum in the right chest; right lung, of a deep red colour, crepitates freely, very lacerable at the back part; pleura of the left lung adherent to the pericardium. The whole of the left lung smaller and firmer than usual, crepitates less than the right; lower lobe lacerable; pericardium loosely adherent to the heart by old adhesions. Heart covered with much fat; surface redder than usual; firm coagulum, partly fibrinous, in the right auricle and ventricle. Cavity of the left ventricle natural in size; endocardium thickened and opaque; walls darker coloured than usual, and fully as thick; mitral valve admits two fingers. Walls of the right ventricle thicker than usual; endocardium thick and opaque. Nothing unusual was observed in other organs.—*Lond. Lancet*, August 20, 1842.